

APPLICATION DATA SHEET

Applicant Information	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Andrew
Middle Name::	J.
Family Name::	Caton
Name Suffix::	
City of Residence::	Narberth
State or Province of Residence::	PA
Country of Residence::	USA
Street of Mailing Address::	5 Chestnut Avenue
City of Mailing Address::	Narberth
State or Province of Mailing Address::	PA
Country of Mailing Address::	USA
Postal or Zip Code of Mailing Address::	19072

Correspondence Information	
Correspondence Customer Number::	00270
Name::	Howson and Howson
Street of Mailing Address	Spring House Corporate Center, Box 457
City of Mailing Address	Spring House
State or Province of Mailing Address	Pennsylvania
Country of Mailing Address	US
Postal or Zip Code of Mailing Address::	19477
Phone Number::	215-540-9200
Fax Number::	215-540-5818
E-Mail Address::	mebak@howsonandhowson.com

Application Information	
Application Number::	
Filing Date::	Herewith
Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	Yes
Computer Readable Form (CRF)?::	Yes
Number of Copies of CRF::	1
Title::	MOUSE MODEL FOR AUTOIMMUNE DISORDERS
Attorney Docket Number::	WST108AUSA
Request for Early Publication?	No
Request for Non-Publication?	No
Suggested Drawing Figure::	
Total Drawing Sheets::	10
Small Entity::	Yes
Latin name::	
Variety denomination name	
Petition Included::	No
Petition Type	
Licensed US Govt. Agency::	Yes
Contract or Grant Number::	NIH Nos. AI24541, CA10185, 5T32CA09171, and 5T32EY07131
Secrecy Order in Parent Application::	

Representative Information		
Representative Customer No. 00270	Registration Number	Name

Domestic Priority Information			
Application	Continuity Type	Parent Application	Parent Filing Date
This Application	National Stage of	PCT/US03/031519	10/27/03
PCT/US03/031519	An application claiming the benefit under 35 USC 119(e)	60/422,389	10/30/02

Assignee Information	
Assignee Name::	The Wistar Institute of Anatomy and Biology
Street of Mailing Address::	3601 Spruce Street
City of Mailing Address::	Philadelphia
State or Province of Mailing Address::	PA
Country of Mailing Address::	USA
Postal or Zip Code of Mailing Address::	19104-4268